

## Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  TN7404	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED  04/27/2010
NAME OF PROVIDER OR SUPPLIER  RIDGETOP HAVEN HEALTH CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 2002 GREER ROAD GOODLETTSVILLE, TN 37072		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 901	<p>1200-8-6-.09(1) Life Safety</p> <p>(1) Any nursing home which complies with the required applicable building and fire safety regulations at the time the board adopts new codes or regulations will, so long as such compliance is maintained (either with or without waivers of specific provisions), be considered to be in compliance with the requirements of the new codes or regulations.</p> <p>This Rule is not met as evidenced by:</p> <p>Based on observation during the survey, it was determined, the facility failed to maintain the electrical system as required. Tennessee Department Of Health (TDOH) 1200-8-6-09(1); National Fire Protection Association (NFPA) 70, 110-12; 70, 110-13(a).</p> <p>The findings included:</p> <p>On 4/26/10 at 3:50 PM observation within the dietary area revealed the fluorescent light fixture was loose from the ceiling</p> <p>The deficiency was verified by the Maintenance Director and later acknowledged by the Administrator during the exit interview on 4/26/10.</p>	N 901	<p>N 901 Life Safety</p> <ol style="list-style-type: none"> <li>1. Repaired fluorescent light fixture April 29, 2010.</li> <li>2. All residents have the potential to be affected by this deficient practice.</li> <li>3. The Environmental Services Manager was in-serviced by the Administrator on April 29, 2010.</li> <li>4. The Administrator and the Quality Improvement Committee (Administrator, Director of Nursing, Assistant Director of Nursing, MDS Coordinator, Social Service/Activities Director, Therapy Manager, Medical Director, Environmental Services Manager and Dietary Manager) oversee this process to ensure compliance.</li> </ol>	4-29-10

Division of Health Care Facilities

*Wahne Jordan*  
LABORATORY DIRECTOR OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

*Administrator*  
TITLE

(X6) DATE

5-12-10

STATE FORM

6899

RTKP21

If continuation sheet 1 of 1